

Water/Sewer Application

Please complete and return to:

E-Mail: utilitybilling@co.kinggeorge.state.va.us

9207 Kings Hwy, King George, VA 22485

Phone: (540) 775-2746

Office Hours: Monday – Friday 8:00 a.m. – 4:00 p.m.



INTERNAL USE ONLY: (Rev: 10.6.25)

ACCOUNT #: _____

The Service Authority does not turn off water service between customers (owners or tenants). Water service remains active unless a shut-off is specifically requested by the property owner.

PLEASE PRINT
 Service Address: _____ King George, VA 22485
 STREET

 Billing/Forwarding Address: (if different from Service Address): _____
 STREET

STREET

CITY

STATE

ZIP

 REQUESTED START DATE: _____ -OR- MOVE OUT DATE: _____
closing date or lease date closing date or lease date
If you are starting service, ARE YOU: RENTING* BUYING OWN****

*If **renting**, please provide the valid and current lease agreement with the landlord(s) **and** the tenant(s) signatures (required). All tenants, above the age of 18, listed on the lease agreement must provide the applicant information below.

If **you are buying, please provide the deed or a closing document that shows ALL purchasers, address, and date of settlement. All parties listed as property owners must provide the information below.

If more than two (2) parties are listed as tenants or as property owners, please use a second application to provide the necessary information below.

 1st Applicant Name: _____ Phone #: _____
First Middle Last

 E-Mail: _____ Driver's License #: _____ State: _____
REQUIRED TO RECEIVE BILLS VIA EMAIL

 2nd Applicant Name: _____ Phone #: _____
First Middle Last

Driver's License #: _____ State: _____

FOR BUSINESS APPLICANTS ONLY:

Business Name _____ Business Federal Tax ID # _____

Name and Title of Person Responsible for Payment _____

Phone # _____ Fax # _____ E-Mail _____

 Are you authorized to legally indebted this business? Yes No. If not, who is? _____

Have any applicants had water/sewer services with the King George County Service Authority before?

 Yes No If yes, please list property address or addresses: _____

FOR MOVE OUTS ONLY: **Forwarding Address MUST be listed above**

 Name/s on Account: _____ Phone #: _____
 E-Mail: _____ Final bills will be mailed to forwarding address and emailed if email is listed.

By signing this form, I hereby agree to be liable for, and to pay the charges for, the water and sewer services consumed at the service address identified herein; and further certify that the information I have provided is true and accurate to the best of my knowledge.

 1st Applicant _____ Printed Name _____ Date _____
 Signature

 2nd Applicant _____ Printed Name _____ Date _____
 Signature

Please allow twenty (20) business days for processing.